

FILED
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10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISFEB 28 2008 *asw*MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

FEB 28 2008

Dawayne Toliver
Plaintiff

Ex City of Chicago, Richard J. Daley, Richard J. Devine
 Superintendent of Police, States Attorney Richard J. Devine
 CASE NUMBER 07 C 6796
 Defendant(s) Arburnette
 Public Defender of Law Office Dept. 2, a b i / 4, of Supervision John Doe of Police Officers
 Grand Jury Central Office Dept. 2, a b i / 4, of Supervision John Doe of Police Officers

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Dawayne Toliver, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)
 I.D. # 20070072569 Name of prison or jail: _____
 Do you receive any payment from the institution? Yes No Monthly amount: _____
2. Are you currently employed? Yes No
 Monthly salary or wages: _____
 Name and address of employer: _____
 a. If the answer is "No":
 Date of last employment: _____
 Monthly salary or wages: _____
 Name and address of last employer: _____
 b. Are you married? Yes No
 Spouse's monthly salary or wages: _____
 Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 a. Salary or wages Yes No
 Amount _____ Received by _____

b.	<input type="checkbox"/> Business, <input type="checkbox"/> profession or <input type="checkbox"/> other self-employment Amount _____ Received by _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c.	<input type="checkbox"/> Rent payments, <input type="checkbox"/> interest or <input type="checkbox"/> dividends Amount _____ Received by _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d.	<input type="checkbox"/> Pensions, <input type="checkbox"/> social security, <input type="checkbox"/> annuities, <input type="checkbox"/> life insurance, <input type="checkbox"/> disability, <input type="checkbox"/> workers' compensation, <input type="checkbox"/> unemployment, <input type="checkbox"/> welfare, <input type="checkbox"/> alimony or maintenance or <input type="checkbox"/> child support Amount _____ Received by _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e.	<input type="checkbox"/> Gifts or <input type="checkbox"/> inheritances Amount _____ Received by _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f.	<input type="checkbox"/> Any other sources (state source: _____) Amount _____ Received by _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.	Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? In whose name held: _____ Relationship to you: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Total amount: _____
5.	Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? Property: _____ Current Value: _____ In whose name held: _____ Relationship to you: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6.	Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: _____ Type of property: _____ Current value: _____ In whose name held: _____ Relationship to you: _____ Amount of monthly mortgage or loan payments: _____ Name of person making payments: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? Property: _____ Current value: _____ In whose name held: _____ Relationship to you: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8.	List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here <input checked="" type="checkbox"/> No dependents _____ _____		

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 2-22-08

Dawayne Toliver
Signature of Applicant

Dawayne Toliver
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, Dawayne A. Toliver I.D.# 20070072569, has the sum of \$.49 on account to his/her credit at (name of institution) Cook City Department of Corrections. I further certify that the applicant has the following securities to his/her credit: . I further certify that during the past six months the applicant's average monthly deposit was \$ 15.00.
(Add all deposits from all sources and then divide by number of months).

2/22/08
DATE

Soc Worker Deana
SIGNATURE OF AUTHORIZED OFFICER

Soc Worker Deana
(Print name)

ARAMARK Managed Services *Managed Better.*

Number Search Name Search Transactions Orders Exit

20070072569 - TOLLIVER, DWAYNE A. BALANCE: \$0.49			
Stamp	Transaction	Amount	Balance
02/20/2008	ORDER DEBIT	-6.14	0.49
02/16/2008	RETURN CREDIT	1.65	6.63
02/13/2008	RELEASE FUNDS	-6.01	4.98
02/13/2008	RELEASE FUNDS	-1.40	10.99
02/13/2008	ORDER DEBIT	-27.70	12.39
02/07/2008	CREDIT	40.00	40.09
12/24/2007	ORDER DEBIT	-19.94	0.09
12/20/2007	CREDIT	20.00	20.03
11/18/2007	ORDER DEBIT	-0.78	0.03
11/13/2007	ORDER DEBIT	-19.19	0.81
[Next 1 Records]			
Click A Transaction To View The Detail or Print Full Report			
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